



## City of Lawrence

### 2021 Application for Special Alcohol Funding

#### APPLICATION INFORMATION

**General Information:** The State of Kansas has created an Alcoholic Liquor Fund and Charter Ordinance No. 33 describes how those moneys are to be distributed for the City of Lawrence. Pursuant to K.S.A. 79-41a04, the City shall credit 1/3 of the deposit to the General Fund, 1/3 to the Special Recreation Fund, and 1/3 to the Special Alcohol Fund. The City Commission considers requests for the allocation of 1/3 that goes to the Special Alcohol Fund to help support agencies that provide programming in accordance with Charter Ordinance No. 33 (summarized below).

Expenditures in the Special Alcohol Fund shall be used for programs, services, equipment, personnel, and capital as the governing body determines is in the best interest of the public to address one or more of the following:

- a) Prevention of alcoholism and drug abuse, including but not limited to education, counseling, public information efforts and related activities; or
- b) Alcohol and drug detoxification efforts and related activities; or
- c) Intervention in alcohol and drug abuse or treatment of persons who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers; or
- d) Law enforcement, prosecution, court activities and programs, or portions thereof, related to apprehending, prosecuting, adjudicating or monitoring individuals who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers, including individuals who are or may be charged with violating laws related to alcohol or drug use; or
- e) Education, counseling, public information efforts, and related and associated activities related to preventing drug abuse and alcohol abuse, including but not limited to efforts to encourage healthy youth and family development and related efforts which include as a partial element drug abuse and alcohol abuse education, counseling, or public information efforts; or
- f) Programs, activities, or efforts related to preventing or intervening in drug abuse and alcohol abuse, including programs, activities, or efforts for which drug abuse and alcohol abuse prevention or intervention comprises a partial element of the complete program, activity or effort; or
- g) Any program, activity, or effort, or a portion thereof, that the governing body determines seeks to discourage, prevent, intervene, or address issues related to alcohol or drug abuse.

**Applications will be reviewed by the Special Alcohol Funding Advisory Board.** Following their review, the Board will make a recommendation for funding to the City Commission. Recommendations will be based on available resources, the need demonstrated through the agency's application, the stated objectives of the agency's program, past performance by the agency in adhering to funding guidelines (as appropriate), and the ability to measure progress toward the programs objectives.

**Other Information.** Collaboration and/or coordination between agencies is highly recommended and multi-agency proposals to address an identified community need is encouraged. All programs must have goals with measurable outcomes.

**Reporting Requirements.** All recipients of Special Alcohol Funding will be required to submit an annual report to the City of Lawrence outlining how the funds were used and whether the stated objectives were met by February 15, 2022.

**Distribution of Funds.** Funds will be distributed in two equal disbursements and in accordance with the Kansas Cash-Basis Law of 1933, codified as amended at K.S.A. 10-1101 *et seq.* The first distribution is to occur no earlier than April 1 of the grant year and the second distribution is to occur no earlier than October 1 of the grant year.

**SECTION 1. APPLICANT INFORMATION**

Legal Name of Agency: **DCCCA, Inc.**

Name of program for Which Funding is Requested: **Lawrence Outpatient Treatment Services**

Primary Contact Information (must be available by phone on December 11, 2020 from 8:30 to 12:30. Contacts are also welcomed to attend the meeting to provide a brief overview of the submitted application)

Contact Name and Title: **Sandra Dixon, LMSW; Chief Clinical Officer**

Address: **3312 Clinton Parkway, Lawrence, KS 66047**

Telephone: **785-840-5179**

Email: **sdixon@dccca.org**

**Name(s) and Title(s) of person(s) responsible for program supervision and/or financial administration of program.**

Name	Title	Responsibilities (Supervision, Financial, etc.)
a. <b>Ed Lobdell, LCPC, LCAC</b>	<b>Clinical Coordinator</b>	<b>Direct Program Supervision</b>
b. <b>Sandra Dixon, LMSW</b>	<b>Chief Clinical Officer</b>	<b>Administrative Supervision</b>
c. <b>Kerye Jackson</b>	<b>Chief Financial Officer</b>	<b>Financial Services</b>

Please outline the amount of funds being requested for each category in 2021

<b>Category</b>	<b>2021 Requested Amount</b>	<b>% of Total</b>
Prevention	\$ _____	_____
Detoxification	\$ _____	_____
Intervention	<b>\$105,000</b>	<b>100%</b>
Law Enforcement	\$ _____	_____
Education	\$ _____	_____
Other	\$ _____	_____
<b>Total</b>	<b><u>\$105,000</u></b>	<b><u>100%</u></b>

If your agency received funding from the City in 2020, please fill out the chart below.

<b>Amount of Funding</b>	<b>Funding Source (i.e. General Fund, Special Alcohol, CDBG, Housing Trust Funds)</b>	<b>Program/Purpose</b>
\$ 105,000	<b>Special Alcohol Fund</b>	<b>Substance Use Disorder Treatment</b>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Total projected operating budget for your agency in 2021: \$ **29,305,114**

## SECTION 2. SPECIAL ALCOHOL FUND INFORMATION

### A. How is the proposed program consistent with City Charter Ordinance 33? Please cite specific subsections of City Charter Ordinance 33 and explain how it aligns with your program.

DCCCA has offered a continuum of outpatient substance use disorder treatment services in Lawrence since 1974. Our efforts speak directly to City Charter Ordinance 33, (c) "Intervention in alcohol and drug abuse or treatment of persons who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers."

DCCCA services have evolved as community needs, substances of choice, and treatment interventions have changed. Our commitment to evidence based, data driven interventions was recognized when DCCCA became one of only three Kansas SUD providers to achieve national accreditation in 2011. Through our participation with Council on Accreditation, our facilities are held to standards more rigorous than those required by state licensing. We must not only say we provide safe, supportive, and quality care; we must prove that we implement that care daily. Accreditation also requires processes for reviewing critical incidences, addressing client and public complaints, and routinely gathering and addressing stakeholder feedback.

Lawrence Outpatient, the first treatment facility opened by DCCCA, is licensed by the Kansas Department for Aging and Disability Services. Its service continuum is credentialed by the three Medicaid Managed Care Organizations, Blue Cross Blue Shield of Kansas, and a variety of other private insurance companies. Substance Abuse Counselors are licensed addiction counselors, and most are dually licensed as master's level mental health therapists. Our commitment to meeting the increasing acuity and complex needs of our clients has resulted in an integrated service delivery system that includes medical oversight, contractual arrangements for primary health, mental health and psychiatric care, standardized depression and anxiety screening, care coordination with social service and partner treatment agencies, integration of Medication Assisted Treatment (MAT) and Peer Support services, and use of technology to expand access and support recovery post discharge. Implementation of CareLogic, our electronic health record, in 2012 demonstrates our commitment to thorough clinical records and financial stewardship and ensures that only authorized, documented services are billed.

DCCCA is requesting Special Alcohol Funding in 2021 for:

- 100% FTE substance abuse counselor to facilitate treatment interventions
- 75% FTE peer support specialist to engage in recovery supports
- Barrier reduction funds to address tangible, specific needs that support treatment retention and sustain recovery

Data document the positive impact of our efforts. Satisfaction survey feedback, National Outcome Measures, and screening data overwhelmingly reflect client improvements in health care, mental health care, family relationships, housing, abstinence, depression and anxiety.

### SECTION 3. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM

- A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding. How will your program make an impact to meet the need? The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.**

Substance use has a detrimental impact on individuals, families and our community. Lost productivity, hospital, law enforcement, incarceration and child welfare expenses all increase when treatment is not readily available for our most vulnerable citizens. In 2019, Lawrence Outpatient served 881 adults, reflecting a 35% increase from the prior year. Sixty-four percent were men, and 61% were uninsured with incomes less than \$25,000 annually. DCCCA data indicates, on average, 10% of the client population at any given time is homeless, 37% are dependent on someone else for a safe living environment, 34% are unemployed, and 15% are only employed part time. Alcohol continues to be the primary substance identified at client admission in outpatient services, followed closely by methamphetamine. Marijuana as a secondary and concurrent drug of choice was reported more frequently in 2020.

The number of individuals served in 2020 dropped significantly due primarily to the COVID-19 pandemic. Referrals from community partners decreased as their staffing and services were negatively impacted. Even though Lawrence Outpatient treatment services continued using tele-health technology, and those who remained in service showed increased engagement, reduced referrals resulted in 434 individuals engaged in treatment through October 31.

#### **How has the need for this program determined?**

Local, state and national data identifies the negative impact substance use has on individuals, families, and communities. For example:

1. Addiction contributes directly to many medical conditions. Heavy drinking, for example, contributes to illness in each of the top five causes of death: heart disease, cancer, chronic, lower respiratory disease, accidents and strokes (Center for Disease control and Prevention, Health United States, 2015).
2. Methamphetamine use is identified as a drug of choice for uninsured insured individuals more frequently in northeast Kansas than statewide. Individuals engaging in outpatient services in the third quarter of 2020 identified methamphetamine in 50% of those admissions compared to 35% statewide. (Kansas Department for Aging and Disability Services)
3. Visits to LMH Health Emergency Department specifically for substance use related issues increased slightly in 2019, averaging four patients daily. Twenty-seven percent of these patients were uninsured, a higher percentage than those with Medicaid, Medicare or private insurance. (LMH Health)
4. The Kansas Bureau of Investigation 2018 arrest data for Douglas County, the most recent available, reflected 818 drug offenses, 775 Driving Under the Influence, and 353 liquor violations.
5. 23.7% of Douglas County adults aged 18 years and older are binge drinkers. Percentages were higher for males, adults with annual household incomes of less than \$35,000, and those who are current smokers. (Report prepared for the Lawrence Douglas County Health Department by the Kansas Department of Health and Environment, November 2017)
6. The social isolation and stress associated with COVID-19 has dramatically impacted individuals with substance use disorder at a time when access to traditional treatment and community-based support services has been challenging. Alcohol beverage sales has increased 55%. Opioid overdose increased nationally by May 2020. Stressors related to work disruptions, dual responsibilities for childcare and work in the same environment, and increased family conflict influences increased substance use. (Penn State Social Science Research Institute)

#### **How will Lawrence Outpatient services continue to make an impact?**

Substance use has a detrimental social and financial impact on our community. Lost tax revenue due to unemployment, law enforcement, incarceration and emergency room visits are just a few of the costs that are more expensive than funding treatment. Research supports this assertion.

Healthcare Benefits of Addiction Treatment - Regular health and addictions care for people with substance use disorders can decrease hospitalizations by 30%. Two or more primary medical care visits have shown to improve abstinence from substances by 50% and those in recovery who have other medical conditions are three times more likely to achieve remission of those

disorders over five years. (SAMHSA Center for Integrated Health Solutions, "Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integration Primary Care Services," May 2013) The United States Surgeon General, in the landmark 2016 "Facing Addiction in America," stated "Well-supported evidence shows that substance use disorders can be effectively treated, with recurrence rates no higher than those for other chronic illnesses such as diabetes, asthma, and hypertension. Well-supported scientific evidence shows that treatment for substance use disorders – including inpatient, residential, and outpatient - are cost-effective compared with no treatment."

Treatment and Recovery - Recovery from substance use is associated with dramatic improvements in all areas of life, including a healthier financial and family life, higher civic engagement, dramatic decreases in public health and safety risks, and significant increases in employment and work productivity. Recent research comparing substance abusing individuals to those in recovery noted the following (Faces and Voice of Recovery, "Life in Recovery: Report on Survey Findings," Alexandre Laudet, PhD., 4/2013):

- Involvement in domestic violence, as either a victim or perpetrator decreases dramatically in recovery.
- Frequent utilization of costly emergency room departments decreases tenfold for those in recovery.
- The percentage of uninsured decreases by half for those in recovery.
- Twice as many women and men regained custody of a child while in recovery.
- Individuals in recovery increasingly engage in health behaviors such as taking care of their health, having a healthy diet, getting regular exercise, and having dental checkups.
- 83% of people in recovery report stable employment

**B. Please describe what demographic disparities exist, and how the program is designed to increase equity. Who would benefit from or be burdened by this program?**

Social determinants of health are the conditions within a home, family, school and community that can impact a person's ability to be healthy. (Healthy People 2020) The negative or positive impact of social determinants of health can accumulate over a lifetime, alter a person's life course, and be passed down to future generations. The World Health Organization suggests that 75% of health inequalities, or differences in outcomes, can be characterized as unfair and potentially avoidable. Poverty, adverse childhood experiences, intergenerational trauma and intergenerational substance use- all impacted by health disparities – increase the likelihood for substance use. People of color and indigenous people are more often impacted due in part to inequity in access to needed services and the system-wide decisions that benefit the community majority.

The Lawrence Douglas County Health Department 2018 Health Equity Report identified the following community challenges:

- Residents with a high school degree or less are more likely to be smokers, be uninsured, have poor mental health and report fair or poor general health.
- Residents earning less than \$35,000 are 6.6 times more likely to be uninsured. They are more likely to not access services due to cost and to have poor mental and physical wellbeing.
- The black, Hispanic, Native American, Asian and multiracial populations are uninsured at rates higher than both the white populations and county average.

Health inequities are sometimes best understood by overlapping the social determinants with a multi-level, social-ecological model that includes individual, interpersonal, community and societal influences. (Centers for Disease Control and Prevention, "The Social-Ecological model: A Framework for Prevention) DCCCA's work in the community, especially with uninsured individuals supported by Special Alcohol Funds, is intended to mitigate ongoing risk by addressing factors in each level:

- Individual: physical and mental health; trauma and resiliency; perception of risk; withdrawal symptom management
- Interpersonal: attitudes and opinions towards substance use; acceptance of Medication Assisted Treatment; substance use identification and prevention education; access to Peer and family support
- Community: access to culturally specific providers, peer networks and treatment services; access to Medication Assisted Treatment; public health and harm reduction programming
- Societal: stigma towards person who struggle with substance use; policies that promote racial and health equity; economic wellbeing and housing stability; impacts of justice involvement on economic and social advantage

## SECTION 4. DESCRIPTION OF PROGRAM

- A. Provide a brief description of the program services and activities using an evidence-based model. The description should describe as specifically as possible the interaction that will take place between the provider and the user of the service.**

The substance use disorder treatment interventions at Lawrence Outpatient are based on the National Institute of Drug Abuse (NIDA) best practices. Evidence based strategies, including Motivational Interviewing, Cognitive Behavioral Therapy and Trauma Informed care are the foundations of our service approach. Formal treatment strategies are complimented by individual counseling, 12 Step support group attendance, referrals for mental and physical health, and case management for housing, employment, parenting and other assessed needs.

DCCCA treatment programs offer individuals the skills, information and resources necessary to effectively address the long-term changes that substance use creates, even after individuals discontinue their use. Addiction is a chronic illness, requiring ongoing support and, in some instances, periodic interventions to help individuals sustain long term recovery.

The flow of DCCCA treatment begins with effective screening and a comprehensive bio-psycho-social assessment. Service type and intensity is determined by the individual's unique needs as identified during the assessment process, which includes the potential client, family members and established community supports. Strengths, assets and resources identified build the framework for an individualized treatment plan that outlines specific goals, objectives and strategies to address the client's needs, as well as desired participation of his or her family and social supports. Planning for ongoing support following treatment is initiated early, ensuring the client is connected to community support groups, professional services, safe housing, and the basic living resources necessary to continue the recovery process.

The continuum of treatment options at Lawrence Outpatient is designed to provide the right service, in the right amount, at the right time based on an individual's assessed need. Both in-person and virtual tele-health options are available during the COVID-19 pandemic. The service menu includes:

Alcohol and Drug Abuse Education - DCCCA's Alcohol Drug Information School is an eight-hour course occurring, now virtually, in four-hour blocks two Saturdays monthly. The classroom style intervention offers a broad spectrum of data, information, and interactive activities for individuals whose substance use has or could result in problematic consequences but does not yet reach a level of need for treatment. The course meets court requirements for first time DUI, PI or other diversion programs. DCCCA is offering another educational program for inmates in the Douglas County Correctional Facility.

Substance Use Disorder Assessment - Substance use disorder treatment begins with a comprehensive assessment of an individual's strengths and needs. The assessment results in a diagnosis (when indicated) using criteria established in the Diagnostic and Statistical Manual, Fifth Edition (DSM-V), and a recommended treatment level based on the American Society of Addiction Medicine (ASAM) criteria.

Outpatient Group - Group treatment interventions are intended for those who are abusing substances but may not meet DSM-V criteria for severe use. Evening and morning groups are offered in one- or two-hour blocks.

Intensive Outpatient - IOP services are intended for those individuals whose substance use significantly impairs daily functioning, but community-based supports and safe housing prevent the need for residential levels of care. IOP occurs three hours daily, three days each week with morning and evening options available to accommodate work and school schedules.

Aftercare - Aftercare groups offer a relapse prevention focus and support individuals who have completed other outpatient or residential treatment episodes. Groups meet two hours weekly.

Recovery Support Services: Meeting someone with shared life experiences who has successfully maintained recovery often breaks through resistance, fear and hesitancy, encouraging individuals to consider getting help and remaining engaged in treatment during difficult times. DCCCA's Peer Support Specialists facilitate individual and group conversations, often meeting in community settings. This type of long-term recovery support reduces the use of hospital services, improves life skills, and reduces mortality rates related to addiction.

DCCCA's commitment to evidenced based practice and continually enhancing service delivery has focused on more timely engagement into treatment, maintaining engagement so participants successfully complete their treatment plan goals, and building resources to support long term recovery after treatment completion. Strategies implemented to support these initiatives include:

Open Access: Lawrence Outpatient initiated an open access model in 2017, offering unscheduled walk-in appointments for substance use assessments. This strategy significantly reduced the wait time for individuals seeking services for the first time. Open access was temporarily placed on hold due to COVID-19 restrictions, but the DCCCA team is currently experimenting with a virtual approach to this strategy, and as the pandemic retracts, will return to routine walk in appointments.

Screening for Depression and Anxiety: Long term recovery is often contingent upon an individual's ability to manage stressors, both positive and challenging. Depression and anxiety, in particular, are key indicators of potential relapse. DCCCA programs incorporate evidence-based screens for depression, anxiety and life skills at admission and discharge to assess our treatment's impact on client perception of his or her functioning. Our data consistently shows decreases in depression and anxiety, and increases in life skills, at treatment completion.

Self-directed Technology Tools: All clients entering DCCCA treatment programs are registered for myStrength, a smartphone and web-based application offering self-directed recovery tools to better manage depression, anxiety, chronic pain, substance use, and sleep disturbance, while improving overall well-being. myStrength is available at no cost to clients even after they finish treatment.

Contingency Management and Barrier Reduction: Continued treatment engagement and long-term recovery are often contingent on an individual's ability to address other basic needs. Lack of transportation, or lack of internet technology in the tele-health virtual environment, results in the inability to attend treatment appointments. No insurance and limited income may prevent someone from seeking needed medical care or purchasing needed medications. New in this year's funding request are dollars to help reduce these barriers and provide targeted support to sustain recovery.

Outputs:

- B. How many unduplicated clients will be served? 650**
  
- C. Please list any other output goals (i.e. # presentations delivered, # medications provided, etc.)**
  - 75 uninsured treatment clients will benefit from barrier reduction funds that support treatment retention.

Outcomes:

**D. Please provide two to three specific program SMART objectives for 2021. Examples include, “75% of clients receiving job training will retain their job one year after being hired,” “increased fundraising efforts will result in a 15% increase in donations in 2021,” Applicants will be expected to report their progress toward meeting these objectives in an annual report to the City.**

i. 90% of individuals served in 2020/21 will report a decrease in substance use at service completion.

ii. 80% of individuals completing satisfaction surveys will report improvements in their physical health due to treatment participation.

iii. 55% of individuals served in 2021 will successfully complete services, as defined by meeting goals and objectives on their treatment plan.

**E. Please describe the priority population you are working with.**

Lawrence Outpatient offers screening, education and assessment services for anyone seeking more information about substance use, or who are concerned that they or someone they care about has a substance use problem. Treatment and Peer Support interventions target individuals who have been assessed as having a substance use disorder, but who do not require higher levels of care such as inpatient or residential treatment.

DCCCA maintains a commitment to serve citizens who are often the most disadvantaged. Individuals who are homeless, impoverished, struggling with mental illness in addition to their substance use, are uninsured or who are experiencing legal consequences as a result of their substance use disorders. While we serve all citizens, continued funding from the Special Alcohol Fund will ensure timely access for adults who otherwise may not have the opportunity to engage in treatment.

**F. What other agencies in the community are providing similar types of services, and how do you coordinate services?**

While there are other organizations and practitioners in the city and surrounding area providing substance abuse treatment, Lawrence Outpatient has maintained a commitment to serve citizens who are often the most disadvantaged. Only one other treatment provider in Lawrence, Mirror, Inc. (formerly Professional Treatment Services) receives state funding to treat the uninsured, but at a significantly lower amount. Our physical location in east Lawrence, near key partners such as the Lawrence Community Shelter, Douglas County Correctional Facility, Lawrence Douglas County Housing Authority, and Lawrence Municipal Court result in a higher volume of individuals seeking services funded by the City.

DCCCA's successful treatment interventions are contingent on our ability to address our clients' holistic needs through effective community collaboration. Program staff link treatment clients with Heartland Community Health Clinic, Lawrence Douglas County Health Department, and local primary care physicians for physical health care needs. The Lawrence Douglas County Housing Authority and Lawrence Workforce Center provide access to affordable housing and employment opportunities. The Willow Domestic Violence Center and The Sexual Trauma and Abuse Center are resources for female clients who are victims of domestic violence and sexual assault. Finally, DCCCA enjoys a strong collaboration with Bert Nash Community Mental Health Center to coordinate mental health services for our clients who have co-occurring mental health disorders.

Lawrence Outpatient clinical staff offer screening, education and assessment services within community partner organizations to reduce access barriers for individuals who feel safe within our partners' physical



environment. Our team engages with clients at The Willow Domestic Violence Shelter and Lawrence Douglas County Housing Authority HOPE House. A contractual with KU Athletics initiated in 2018 allows student athletes to access services if needed.

DCCCA is also an engaged partner with the Behavioral Health Leadership Coalition in efforts to reduce emergency room visits and incarceration, enhance Correctional Facility Reentry services, and expand the continuum of services for individuals struggling with addiction and mental health challenges. Lawrence Outpatient is the primary substance use treatment partner with Behavioral Health Court and Drug Court. The Douglas County Sheriff's Office contracts with DCCCA to embed a full time Substance Abuse Therapist in the Correctional Facility. This staff facilitates substance use education classes, assessment and individual treatment services. The staff also coordinates formal linkages to community-based treatment services at DCCCA to ensure access to ongoing treatment post release. The third component of this project is coordinated Medication Assisted Treatment (MAT) services at Heartland Community Health Clinic. Inmates assessed in the Correctional Facility as having an Opioid Use Disorder may start MAT while incarcerated, then continue treatment services at DCCCA and the MAT component at Heartland.

Additional collaborations are scheduled to begin in 2021. Each is focused on creating a more seamless, efficient coordinated system of care for individuals struggling with substance use. DCCCA staff are working with Bert Nash, Heartland Regional Alcohol and Drug Assessment Center and the Housing Authority to facilitate substance use screening, assessment, peer support and group services in the new temporary and permanent supportive housing units on the Treatment and Recovery campus. LMH Health, DCCCA and other partners are creating processes that facilitate access to Medication Assisted Treatment and other services, starting in the Emergency Department and continuing in the community.

**SECTION 5. PROGRAM BUDGET INFORMATION**

**A. Provide a detailed budget for the proposed program using the form below (you may attach a supporting document).**

Category	Requested Amount	Applicant Amount	Total Amount	Explanation
Personnel	88,894	312,134	401,028	Salary and 30% fringe benefit calculation for service delivery staff. The Special Alcohol Fund will offer funding for 1 FTE licensed counselor and .75 FTE certified Peer Support Specialist.
Fees & Services		32,064	32,064	Consulting, insurance, equipment maintenance
Estimates/Bids		0	0	
Travel		1,680	1,680	Travel and mileage reimbursement
Marketing			0	
Cost of Materials		0	0	
Operating Expenses	16,106	71,314	87,420	Supplies, trainings, utilities, licenses, facility allocations for office space. The Special Alcohol Fund will provide for barrier reduction funds associated with access to and retention in treatment, primary medical care, mental health services, and medications necessary to sustain recovery.
Other		52,212	52,212	10% overhead allocation
<b>Grand Total</b>	<b>105,000</b>	<b>469,404</b>	<b>574,404</b>	

**B. Provide a list of all anticipated sources of funding for the proposed program in 2021. The total proposed program budget and total proposed program revenue should match.**

Revenue Source	Anticipated Amount	Explanation/Status of Funding Request
City of Lawrence (Special Alcohol Funding)	105,000	
City of Lawrence (Other Sources) *	0	
Douglas County	66,796	County Special Alcohol Fund, Behavioral Health Court, Douglas County Men’s Treatment Fund, Drug Court. Funding secured
United Way	0	
Other (please describe) Fee for Service	402,608	Federal block grant, Medicaid, Kansas Sentencing Commission, Commercial Insurance, Self-Pay.
<b>Grand Total</b>	<b>574,404</b>	

\*Other sources could include General Funding, Housing Trust Funds, Transient Guest Tax Funds, CDBG, etc.

**C. What percent of the requested program costs are being requested from the City (include both Special Alcohol and Other)? 18.28%**

**D. Will these funds be used to leverage other funds? If so, how?**

Lawrence Outpatient receives a finite amount of federal block grant dollars that reimburses substance use disorder treatment for the uninsured on a fee for service basis. Allocation amounts have decreased each of the past two years, making the need for Special Alcohol Fund support critical. The full time Substance Abuse Counselor funded by the City of Lawrence can serve close to 250 people annually. Special Alcohol Funds enable us to expand the number of uninsured community members who would otherwise struggle to find recovery. Primary treatment dollars do not alleviate many of the barriers experienced by our clients. Access to primary medical care, medications, and transportation are support treatment retention and long-term recovery.

## SECTION 6. SUPPLEMENTAL INFORMATION

Please attach your agency's most recent IRS Form 990, most recent financial audit, and most recent annual report if completed for your agency's board.

- A. If your agency has never filed an IRS Form 990, please select the check box.
- B. If your agency has never completed a financial audit, please select the check box.
- C. If your agency has never completed an annual report, please select the check box.

Based on the attached IRS Form 990, please answer the following questions:

- A. What is the total number of volunteers (estimate if necessary)? This is part I line 6 of the IRS Form 990.

**60**

- B. What are your agency's total liabilities? This is part I line 21 of the IRS from 990.

**\$ 1,976,245**

- C. What are your agency's total assets? This is part I line 20 of the IRS Form 990.

**\$ 53,575,676**

- D. What are your agency's total net assets or fund balances? This is part X line 33 of the IRS Form 990.

**\$ 51,599,431**

- E. What are your agency's permanently restricted net assets? This is part X line 29 of the IRS Form 990.

**\$ 0**

- F. What is your agency's land, building, or equipment fund? This is part X line 10c of the IRS Form 990.

**\$ 7,268,020**

- G. What are your agency's total expenses? This is part I line 18 of the IRS Form 990.

**\$ 22,281,696**

The signatures below attest that the information in this application is accurate and that, unless otherwise explicitly described in this application, no other source of City or community funding will be used to support the programming for which Special Alcohol Funds are being requested.

**Sandra J. Dixon LMSW**

*Sandra J. Dixon*

**11-19-2020**

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Agency Representative (PRINT)

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Signature

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Date